Agency Name			Date Stamp	California Ong
County of Los Angeles		_		Form OU2
Division, Department, or Region (If Applicable)	)		4	For Official Use Only
Board of Supervisor, First District	Committee of Commi	A DESCRIPTION OF THE PROPERTY	1	
Designated Agency Contact (Name, Title)			<u></u>	
Barbara Garcia, Ticket Administrator		A		
Area Code/Phone Number E-mail			Amenament (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.go	ον	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	MT		2	0.00
	Yes 🔼 No		of Each Ticket/Pass \$	.0.00
Event Description Los Angeles County Mus	eum of Art	Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles County Museum Name of So	
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?		you.	Official's Name (I	Last, First)
Staff	Ticket(s)/ Pass(es)	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
Verification , ,				
I have read and understand FPPC Regulations 18944.1 and	18942. I have v	enfied that the distribution set	forth above, is in accordance wi	th the requirements.

Comment:

Ceremonial Role Eve	nts and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form 002
Division, Department, or Re	egion (If Applicable	e)		<u> </u>	For Official Use Only
Board of Supervisor, First [				]	
Designated Agency Contac	t (Name, Title)	14			
Barbara Garcia, Ticket Adn	ninistrator			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number 213-974-4111	E-mail bgarcia@bos	s.lacounty.g	ov	Date of Original Filing	: Month Carl York
2. Function or Event Info					(Month, Day, Year)
Does the agency have a tic		Yes⊠ No	Face Value of	of Each Ticket/Pass \$	20.00
Event Description Los Ang	eles County Mu Provide Title/Exp	Control of the Contro	Date(s)		12 31 2020
Ticket(s)/Pass(es) provided	•	Yes□ No	if no: Los Ar	ngeles County Museu Name of S	
Was ticket distribution made of agency official?	e at the behest	No⊠ Yes	If yes:	Official's Name	
3. Recipients					
Use Section A to identify the age	ncy's department or		ection B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
Staff		2	Per Ticket policy 5.3	(k)	
B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role If checking "Ceremon	Other of "Other" describe below	Income :
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below	Income
C. Name of Outside Org		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	nt to the agency's policy
4. Verification    page regorand understand FPPC Re	egulations 18944.1 and	d 18942. I have v	verified that the distribution set t	forth above, is in accordance v	with the requirements
Charle	Barbai	ra Garcia	Ticke	et Administrator	1/14/2019
Signature of Agency Head or Desig	nee	Print Na	me	Title	(Month, Day, Year)
Comment:					

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1. Agency Name	2,300,300,000,000,000,000		Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone Number E-mail bgarcia@bos	lacounty.go	ov	Date of Original Filing:	
		1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4		(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	0.00
Event Description Los Angeles County Mus		Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⋉ If no: Los An	geles County Museum	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3. Recipients				
Use Section A to identify the agency's department or to	ınit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income 🔲
		Ceremonial Role if checking "Ceremon	Other I al Role" or "Other" describe below:	Income .
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1 and	<i>18942. I have v</i> a Garcia		orth above, is in accordance with t Administrator	the requirements.
Signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must p	rovide explanation in Part 3 )
Area Code/Phone Number E-mail			_	1
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			2	0.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	0.00
Event Description Los Angeles County Mus	eum of Art	Date(s)		12 31 2020
Provide Title/Expl	anation			-£ A
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	ngeles County Museum Name of Soc	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast First)
-		DOMESTIC DESCRIPTION OF THE PROPERTY OF THE PR	Official 3 TVallie (E	ast, i notj
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or residual.</li> </ul>	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Section of the Control of	lic purpose made pursuant	TANK MENANGAN SANTA
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Interest of the state of	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification I neve read and understand Fiffic Regulations 18944.1 and	18042 / have w	partied that the distribution set 5	odh shove is in secondaries	h the wavimment
	a Garcia		onn above, is in accordance wit et Administrator	1/14/2019
Signature of Agency Head or Designee	Print Nar	me L	Title	(Month, Day, Year)
Comment:				

Board of Supervisor, First District Designated Agency Contact (Meme, Title)  Barbara Garcia, Ticket Administrator Area Code/Phone Number	referriorial Note Everits and Tici	Neur ass	Distributions		A Public Documen
Board of Supervisor, First District	. Agency Name			Date Stamp	California Q02
Board of Supervisor, First District	County of Los Angeles				Form OUZ
Designated Agency Contact (Name, Title)			For Official Use Only		
Barbara Garcia, Ticket Administrator  Area Code/Phone Number    213-974-4111					à
Area Code/Phone Number	Designated Agency Contact (Name, Title)				22
Date of Original Filing:   Date of Original Fi	Barbara Garcia, Ticket Administrator			Amendment (Must or	ovide evolunation in Part 3 \
Function or Event Information  Does the agency have a ticket policy? Yes No Pace Value of Each Ticket/Pass \$  Event Description Search Museum of Art Provide Title-Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$  Event Description Search Museum of Art Provide Title-Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$  Event Description Search Museum of Art Date(s) Date(s) Search Museum of Art Name of Source  Was ticket distribution made at the behest of agency official?  Recipients  - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)  Event Ticket Policy S.3 (k)  B. Name of Individual Number of Incentify Chermonial Role Other Search Delox:  Ceremonial Role Other Incoming Chermonial Role Other Incoming Chermonial Role Other Incoming Chermonial Role Other Pass(es)  C. Name of Outside Organization Incoming Chermonial Role Other Describe Delox:  C. Name of Outside Organization Ticket(s)/Pass(es)  Pass(es)  Pass(es)  Per Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy Pass(es)  Pass(es)  Pass(es)  Per Ticket(s)/Pass(es)  Pass(es)  Per Ticket(s)/Pass(es)  Pass(es)  Pass(es)  Per Ticket(s)/Pass(es)  Pass(es)  Per Ticket(s)/Pass(es)  Per Ticket			A COMPANY OF THE PARTY OF THE P		OVICE EXPIRITABION IN F BIR S.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 20.00  Event Description Los Angeles County Museum of Art Provide Title Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles County Museum of Art Name at Source  Vas ticket distribution made at the behest of agency official?  Recipients  - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization  A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Staff  2 Per Ticket policy 5.3 (k)  B. Name of Individual Number of Incomit receiving "Chemonal Role" or "Cither" describe below:  Ceremonal Role Other Incomit receiving "Chemonal Role" or "Cither" describe below:  C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy Pass(es)  Describe the public purpose made pursuant to the agency's policy Pass(es)  Pass(es)  Verification  Postribution set forth above, is in accordance with the requirements.		lacounty.g	ov	Date of Original Filing: L	(Month, Day, Year)
Event Description Los Angeles County Museum of Art  Provide Titled: Splanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s)  Was ticket distribution made at the behest of agency official?  Recipients  * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization  A. Name of Agency, Department or Unit    Number of Ticket(s)/Pass(es)	. Function or Event Information			20	0.00
Ticket(s)/Pass(es) provided by agency? Yes No Los Angeles County Museum of Art  Name of Source  Was ticket distribution made at the behest of agency official?  Recipients  * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization  A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)  Staff 2 Per Ticket policy 5.3 (k)  B. Name of Individual (and fine) Pass(es)  Ceremonial Role Other Income (include address and description)  Number of Ticket(s)/Pass(es)  Ceremonial Role Other Income (include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy  Income (include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Per Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Per Ticket(s)/Pass(es)  Ceremonial Role of Other Income (include address and description)  Number of Ticket(s)/Pass(es)  Per Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	5.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles County Museum of Art  Name of Source  Was ticket distribution made at the behest of agency official?  Recipients  - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  Per Ticket policy 5.3 (k)  B. Name of Individual  (set Find)  Aumber of Ticket(s)/ Pass(es)  Ceremonial Role Other Income Income Inchesing Teremonial Role Other Other describe below:  Ceremonial Role Other Other describe below  Ceremonial Role Other Othe			Date(s)		12 31 2020
Was ticket distribution made at the behest of agency official?  Recipients  - Use Section A to identify the agency's department or unit.  - Use Section B to identify an individual.  - Use Section C to identify an outside organization A. Name of Agency, Department or Unit    Number of   Pass(es)   Per Ticket policy 5.3 (k)			if no:		
Recipients  • Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit    Number of Ticket(s)   Describe the public purpose made pursuant to the agency's policy Pass(ss)   Per Ticket policy 5.3 (k)    B. Name of Individual (Lest First)   Identify one of the following:   Identify one of th				Name of Sou	rce
Name of Agency, Department or unit.     Name of Agency, Department or Unit     Name of Individual     Individ		No <b>≌</b> Yes	If yes:	Official's Name (L	ast, First)
A. Name of Agency, Department or Unit    Number of   Ticket(s)   Per Ticket policy 5.3 (k)	[2] - [:::[1] - [::] (1) (2) (1) (2) (1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		•		
Staff  2 Per Ticket policy 5.3 (k)  B. Name of Individual (lest Pass (es))    Pass (es)   Per Ticket policy 5.3 (k)			Explanation of the Section No.	Arrene in to english to promise the	
B. Name of Individual (Lest, Fast)    Ceremonial Role   Other   Income	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of nutridudal (Lest, First)  Ceremonial Role Other Incomit checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Incomit checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Incomit checking "Ceremonial Role" or "Other" describe below:  C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Verification  I wave reset and junde grant of FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	Staff	2	Per Ticket policy 5.3	(k)	
Ceremonial Role Other Incom    Ceremonial Role Other Incom   Cerem	Name of Individual				
Ceremonial Role Other Incom    Ceremonial Role Other Income   Other Othe				Identify one of the following	1g:
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Verification  I have real and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			II and the second of the secon	Carlos and	Income
(include address and description)  Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy Pass(es)  Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Income
Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			Describe the pub	lic purpose made pursuant	to the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	(include address and description)				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
		18942   have v	edited that the distribution set 6	orth shove is in accompany with	the requirements
Barbara Garcia Ticket Administrator 1/14/2019					
	Signature of Agency Head or Designee	Print Nan	me L	Title	(Month, Day, Year)
	Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisor, First District	VI			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			20	0.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	
Event Description Los Angeles County Mus		Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	geles County Museum	
Was ticket distribution made at the behest	No <b>坚</b> Yes	If yes:		
of agency official?		2000 To 2000 T	Official's Name (L	ast, First)
3. Recipients  • Use Section A to identify the agency's department or to	ınit. • Use Se	ection B to identify an individu	ial e Use Section C to identi	ify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	s frankriker, for til be	lic purpose made pursuant	Table of the same and the same
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	1 233(33)	Ceremonial Role If checking "Ceremon	Other Classified Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon.	Other Gall Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (	to the agency's policy
1. Verification I have read and understand IRPC Regulations 18944.1 and	18942. I have v	edfied that the distribution set fo	orth above, is in accordance with	n the requirements.
Barbara	a Garcia		t Administrator	1/14/2019
Signature of Agency Hea <del>d or</del> Designee	Print Nar	me	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tich	Reurass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 00
Division, Department, or Region (If Applicable)	)			For Official Use Only
Board of Supervisor, First District	V V V V V V V V V V V V V V V V V V V			,
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pro	vide evolunation in Part 3.1
Area Code/Phone Number E-mail				vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			20	.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	
Event Description Los Angeles County Mus	The state of the s	Date(s)		2 31 2020
	Yes□ No	If no: Los An	geles County Museum	
			Name of Sour	ce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	st. First)
			5///dia 01/4///0 (20	o.,
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or u</li> </ul>	ınit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	v an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	g kanasa kanasa da da da da ka	lic purpose made pursuant to	NAME OF THE PARTY
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following  Other  Other following  Identify one of the following	g:
		Ceremonial Role	Other italian ot	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant to	o the agency's policy
l. Verification				
Thave readrand understand FPPC Regulations 18944.1 and	<i>18942. I have v</i> a Garcia			
Signature of Agency riead or Designee			et Administrator	1/14/2019
Signature of Agency Tread of Designee	Print Nar	me	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	ovido evalanation in Part 2 \
Area Code/Phone Number E-mail			Amendment (wast pr	ovide explanation in Fait 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				0.00
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	J.00
Event Description Los Angeles County Mu	seum of Art	Date(s)	/	12 31 2020
Provide Title/Expl	anation		geles County Museum	of Art
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other Other	Income
	Number of			And A. Company
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			on are a second	
4. Verification I paye read/and/understand iPPC Regulations 18 <u>944.1 and</u>	118942   have v	edified that the distribution set 6	odh ahove is in accordance	the requirements
	a Garcia		t Administrator	1/14/2019
Signature of Agency lead or Designee	Print Nar		Title	(Month, Day, Year)
				(worth, Day, Tear)
Comment:				

Celemonial Note Events and Tic	neur ass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pro	Luide evalanation in Red 2 \
Area Code/Phone Number E-mail			Amendment (Mast pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			20	0.00
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	1.00
Event Description Los Angeles County Mu Provide Title/Exp.		Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles County Museum	of Art
rional(a)/r ass(ss) provided by agoney.	162 110		Name of Sour	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients			· · · · · · · · · · · · · · · · · · ·	
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin  Other  Other felow:	ig:
		Ceremonial Role If checking "Ceremon	Other Use of "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
4. Verification  The property of the property				
1.00	a Garcia		t Administrator	1/14/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:	***			

ceremonial Role Event	and nekerras	5 Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Regio	n (If Applicable)	<u> </u>	For Official Use Only	
Board of Supervisor, First Dist	rict			
Designated Agency Contact (N	ame,Title)		]	
Barbara Garcia, Ticket Admini	strator		Amendment (Must pro	ovide explanation in Part 3.)
	E-mail	the state of the s		yvide explanation in Fair 3.7
213-974-4111	ogarcia@bos.lacounty.g	gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	ation		20	0.00
Does the agency have a ticket	policy? Yes⊠ N	o Face Value o	of Each Ticket/Pass \$	
Event Description	County Museum of Art	t Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by	• *************************************	lf no: Los Ar	ngeles County Museum	of Art
Ticket(a)/T ass(es) provided by	agency: Yes No		Name of Sou	rce
Was ticket distribution made at	the behest No Ye	s If yes:	05.4	
of agency official?			Official's Name (Li	ast, First)
<ol> <li>Recipients</li> <li>Use Section A to identify the agency's</li> </ol>	denartment or unit a like S	ection B to identify an individ	ual • Hea Saction C to identi	fu an outside organization
A. Name of Agency, Departmen	Number of	i stranski paka a teoriasi b	olic purpose made pursuant t	Park Translation of the
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following Other Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other Other Other	Income [
C. Name of Outside Organiz (include address and descr			olic purpose made pursuant (	o the agency's policy
1. Verification	V400444			
I have read and understand PPC Regulal	Barbara Garcia		<i>forth above, is in accordance with</i> et Administrator	
Signature of Agency Flead or Designee	Print Na			1/14/2019
Signature of Agency need of Designee	Print Na	aine	Title	(Month, Day, Year)
Comment:			w	